Application Data Sheet

Application Information

Application Type:: Regular

Subject Matter:: Utility

Suggested Group Art Unit:: Not Yet Assigned

CD-ROM or CD-R?:: None

Sequence submission?:: None

Computer Readable Form (CRF)?:: No

Title:: CORDLESS BLIND

Attorney Docket Number:: 29498/30004A

Request for Early Publication?:: No

Request for Non-Publication?:: No

Total Drawing Sheets:: 15

Small Entity?:: No

Petition included?:: No

Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Michael

Middle Name:: D.

Family Name:: Hillman

City of Residence:: Campbell

State or Province of Residence:: CA

Country of Residence:: US

Street of mailing address:: 725 Emory Avenue

City of mailing address:: Campbell

State or Province of mailing address:: CA

Postal or Zip Code of mailing address:: 95008

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

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Status:: Full Capacity

Given Name:: Evan

Middle Name:: T.

Family Name:: Ward

City of Residence:: Chicago

State or Province of Residence:: IL

Country of Residence:: US

Street of mailing address:: 2708 N. Whipple, #1

City of mailing address:: Chicago

State or Province of mailing address:: IL

Postal or Zip Code of mailing address:: 60647

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Paul

Middle Name:: B.

Family Name:: Specht

City of Residence:: Wilmette

State or Province of Residence:: IL

Country of Residence:: US

Street of mailing address:: 241 Laurel

City of mailing address:: Wilmette

State or Province of mailing address:: IL

Postal or Zip Code of mailing address:: 60091

Correspondence Information

Correspondence Customer Number::

04743

Representative Information

Representative Customer Number::

04743

Assignee Information

Assignee name::

NEWELL WINDOW FURNISHINGS, INC.

Street of mailing address::

29 East Stephenson Street

City of mailing address::

Freeport

State or Province of mailing address::

1L

Postal or Zip Code of mailing address::

60132